PROFIT CORPORATION ANNUAL REPORT 1996			Sandra B. Morth Secretary of Sta DIVISION OF CORPOR TIO								
DOCUM 1. Corporation I TMG EN	MENT # Name NGINEERING,	P94000 INC.	03616	ob (6	5)						
Principal Place of Business 1632 PENNSYLVANIA AVE SUITE 222 MIAMI BEACH FL 33139			Mailing Address 1632 PENNSYLVANIA AVE SUITE 222 MIAMI BEACH FL 33139					3. Date Incorporated or Qualified	3a. Date of Last	Report	
2. Principal Plac	pe of Business		2a. Mailing	4 .		A		05/09/1994 4. FEI Number 65-0492437	06/07/19	Applied For	
Suite, Apt. #,	, etc.		26 Suite, A	1655 pt. #, etc.	WERTH	AN AJU		Certificate of Status Desired		Not Applicable 5 Additional	
City & State			27] City & S			. 1 2 2 1		6. Election Campaign Financing	□ Fe	e Required 00 May Be	
23 Ζιρ 24	Co.	untry	28] / Zip 28] 33 (3		13 € A (30	H TL USA USA		Trust Fund Contribution 8. This corporation has liability for Florida Statutes Yes		s 199.032,	
		Idress of Current P				Ţ <u></u>		10. Name and Address of New F	Registered Agent		
MELAND & RUSSIN, P.A. 701 BRICKELL AVE						81 Name 82 Street	Addres	ress (P.O. Box Number is Not Acceptable)			
SUITE 1110						83					
MIAMI FL	. 33131	_				84 City			FL 85	Z _i p Code	
11. Pursuant to or registere familiar with SIGNATURE	TM	name of registured agions and	ti c (fappil cable)		OTE Registere	d Agent signature			7/09/96		
TITLE NAME STREET ADDRESS	D GLASER, TOD 1632 PENNSY	Lvania ave] DELÉTE	1.2	TITLE NAME STREET ADDRESS	165	ADDITIONS/CHANGES TO OFF	☆ Chang	FORS IN 12 e · ☐ Addition	
TITLE NAME STREET ADDRESS	MIAMI BEACH	rL	E.) DELETE	2 1 22	City-SI-ZiP Title Name Street Address	MI	am) BEACH FL 3313	Chang	e 🔲 Addition	
TITLE NAME STREET ADDRESS) DELETE	3 1 32 33.	CITY - ST - ZIP TITLE NAME STREET ADDRESS			Chang	e	
TITLE NAME STREET ADDRESS] DELETE	4. 1 4.2 4.3	CITY-ST-ZIP TITLE NAME STREET ADDRESS	-		[_] Chang	e Addilion	
TITLE NAME STREET ADDRESS) DELFTE	5. 1 5.2 5.3	CITY-ST-ZIP TITLE NAME STREET ADDRESS			Chang	e 🔲 Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP] DELETE	6. 1 6 2 6.3	CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP			☐ Chang	e 🔲 Addit on	
14. I do hereby certify that oath; that I	URE: X	rmation supplied with cated on this annual ector of the opporat 13 changed or on	rilachiner	with an abo	nished and nual repor ee empow Iress.	J does not ga is true and a ered to exect	L	r the exemption stated in Section 119 e and that my signature shall have the report as required by Chapter 607, F	1.07(3)(k). Florida Sta e same legal effect a olorida Statutes; and beginne Pro	04610	